

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

December 8, 2017

Ms. Angela Pelletier, Manager
Spring Village At Essex
6 Freeman Woods
Essex, VT 05451

Dear Ms. Pelletier:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on November 1, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



NOV 29 2017

PRINTED: 11/14/2017
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0653	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/01/2017
NAME OF PROVIDER OR SUPPLIER SPRING VILLAGE AT ESSEX		STREET ADDRESS, CITY, STATE, ZIP CODE 6 FREEMAN WOODS ESSEX, VT 05451			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite investigation of 3 entity reported incidents and 2 complaints was conducted by the Division of Licensing & Protection on 11/1/2017. The following regulatory deficiencies were identified during the investigation:	R100	Please see attached plan of correction.		
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure necessary services were provided or arranged to meet each residents nursing and medical care needs for 2 applicable residents in the total sample. (Residents #3 and #2) Findings include: 1). Per record review, Resident #3 uses a CPAP (Continuous Positive Airway Pressure) machine at night. There was no evidence found in the record regarding staff support services provided for use of the device. In an interview on the afternoon of 11/1/17, the Director of Nursing Services (DNS) stated that s/he was unaware of what staff assistance was provided to the resident. During interview the afternoon of 11/1/17, the Memory Care Director (MCD) stated	R126			

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

BNY911

If continuation sheet 1 of 8

R126 - R200 POCs accepted 12/7/17 M Higgins RAL/pmc

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SPRING VILLAGE AT ESSEX

**6 FREEMAN WOODS
ESSEX, VT 05451**

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R126	<p>Continued From page 1</p> <p>that there was no written process for staff for to assure the correct use/settings of the machine, application of the face mask, and necessary cleaning of the equipment.</p> <p>2). Per reports from 2 anonymous family members of residents and anonymous staff, there were times when insufficient towels or facecloths were available for resident use. During interview with the ADM and the DNS, they were aware of reports of shortages in supply of towels and had recently ordered more. However there was not a procedure in place to assure that the supply level available at all times was sufficient to address the residents' needs at various times of the day and for all days of the week.</p> <p>3). Per information received from an anonymous source, a family member was providing a medical treatment to a Resident #2, and there was no order from the physician for the treatment, no care plan to address the specific treatment, no evidence of RN assessment of the family member's care provision to assure proper technique was used, and no evidence of any nursing oversight of the treatment. The medical record for the resident included a physician order dated "8/28/17, compression stockings, size large, DX (diagnosis) acute DVT (deep vein thrombosis) both extremities."</p> <p>The resident had been recently been treated in the hospital and required follow up treatment at the facility to prevent new blood clots. It was stated (anonymously) that the compression stockings were too hard to apply and it was suggested that compression wraps be used instead. The family member stated that they had been applying the wraps daily since shortly after the compression stockings were tried. There was no physician order in the medical record for the</p>	R126		

Division of Licensing and Protection

STATE FORM

6999

BNY911

If continuation sheet 2 of 8

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Division of Licensing and Protection

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STREET ADDRESS, CITY, STATE, ZIP CODE

SPRING VILLAGE AT ESSEX

**6 FREEMAN WOODS
ESSEX, VT 05451**

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R126	Continued From page 2 compression wraps. During interview on 11/1/17 at 2:34 PM, the DNS confirmed that they were not previously aware of the family member providing the treatment for the resident, nor had the RN observed and assessed the process, nor assured that there was an order from the physician for the treatment. Additionally, the facility had not developed a policy/procedure to address the process. Refer also to R128, R145 and R200.	R126		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the RN failed to assure that each resident's treatments were consistent with physician orders for 1 applicable resident in the sample. (Resident #2). Findings include: Per interview with a family member and record review, it was noted that a treatment being provided by the family member to Resident #2 had no corresponding physician order in the medical record. During interview with the RN on 11/1/17, the physician had ordered compression stockings for the resident on 8/28/17. However, it proved difficult to apply them so staff changed the treatment to compression wraps. There was no	R128		

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R128	Continued From page 3 evidence in the record that the physician had been contacted and new orders obtained. The lack of physician orders for the treatment was confirmed with the RN during the afternoon of 11/11/17.	R128			
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c(2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RN failed to develop and implement written care plans to address each resident's identified needs to maintain independence and well-being for 3 of 6 residents in the total sample. (Residents # 1, # 2, #3). Findings include: 1). Resident #1, who was admitted to the facility during August, 2017, experienced multiple falls, including some with injuries, experienced changes in medical condition, and had other specific identified care needs and the the RN failed to develop an interim care plan after admission to address each of the resident's identified needs. Per review of the medical record, the resident had falls and unresponsive episodes and there was no plan to monitor the	R145			

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R145	<p>Continued From page 4</p> <p>resident to prevent or reduce injuries from these events. The lack of a care plan to address identified needs was confirmed during interview with the Director of Nurses (DNS and the Administrator at 5:40 PM on 11/1/17.</p> <p>2). Per interview with a family member of Resident #2, the family member was providing a daily anti-embolic treatment for their spouse with no written care plan of the treatment procedure. The lack of a care plan to address this issue was confirmed during interview with the DNS on 1/1/17.</p> <p>3). Based on observation, staff interview and record review, the RN failed to address the following identified needs for Resident #3.</p> <p>a. Resident #3 required the use of CPAP, a respiratory assistive device, while asleep. The device, which had a face mask attached, was observed at the resident's bed side. The face mask was visibly soiled with a light colored material. There was no care plan to direct staff in the procedures required to provide appropriate care and cleaning of the resident's CPAP device.</p> <p>b. Per record review, the Resident #3 had a psychotropic medication ordered for agitation and had diagnoses including anxiety, agitation and exit seeking behaviors. There was no care plan with specific interventions to address these needs in the medical record. The DNS confirmed on 11/1/17 that if there was a care plan for these issues it would be in the record.</p> <p>c. Per progress note review, Resident #3 had a note describing an episode of unresponsiveness on 9/19/17. The care plan did not contain interventions for caregivers regarding unresponsiveness and actions to be taken in the event of another episode.</p>	R145			

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R178 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to assure that there were sufficient numbers of qualified personnel available at all times to provide residents the necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. All residents have the potential to be affected by this practice. Findings include:</p> <p>Per family interviews of two anonymous families, it was stated that there were times when it was very difficult to find staff available to assist residents with needs, especially on evenings and weekends. They reported finding their family members wet or soiled with incontinence and grooming not completed. They also reported seeing residents in distress and having to search throughout the facility to find staff to assist these residents.</p> <p>Per interviews with direct care staff it was difficult to provide coverage for the entire facility, especially during the overnight shift.</p> <p>Per observation, the physical layout of the building includes separate 2 neighborhoods, each containing multiple corridors, with many having dead ends. There is a large amount of area to</p>	R178			

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R178	Continued From page 6 monitor with residents who continually wander. In a review of care needs of residents, there are residents who require an assist of two staff which takes at times 50% of staff out of care for other residents. During interview, the facility DNS stated that they use some supplemental staffing to boost staffing numbers but when staff calls in those agencies cannot always fill last minute requests.	R178			
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to assure that there were written policies and procedures to govern all services provided related to 3 applicable residents in the sample. (Residents #2, #6 and #5). Findings include: 1. Based on information received anonymously, Resident #2 received a daily treatment which was completed by a family member and the RN was not aware of the the provision of care by the family nor was there a policy/procedure to address the process. The resident required compression treatment to the lower extremities after medical treatment for bilateral DVT's (deep vein thromboses). The surveyor was informed of treatments being done by a family member for	R200			

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R200	Continued From page 7 daily compression wraps to both lower extremities. During interview on the afternoon of 11/1/17, the DNS confirmed that there was no written policy/procedure to address this treatment. Refer also to R126. 2. Per observations and interviews with staff and family members, 2 residents in the total sample were utilizing side rails on their beds. a. During an observation of Resident #6's bed, there was one 1/2 side rail attached to the bed for assistance with standing and it was not secure against the bed frame; the mattress also had an overlay that could move about on the bed frame. The RN confirmed during the afternoon of 11/1/17 that the facility had no written policy and procedure for assessing the safety and appropriateness of bed side rails for use on resident's beds. b. Per observation, Resident #5 had bed rails on both sides of the bed. The RN confirmed during the afternoon of 11/1/17 that the facility had no written policy/procedure for assessing the safety and appropriateness of bed side rails for use on resident's beds.	R200			

11/27/17

Ms. Pamela M. Cota, RN
Licensing Chief
Vermont Agency of Human Services
Department of Disabilities, Agency and Independent Living
Division of Licensing and Protection
HC2 South, 280 State Drive
Waterbury, VT 05671-2060

Dear Ms. Cota,

In response to the letter received dated November 14, 2017 regarding the complaint investigation that was completed by the Division of Licensing and Protection on November 1, 2017, I respectfully submit our Plan of Correction.

R126 SS=D

- 1) Although we had a written policy at the time of the survey we do acknowledge not all staff had been made fully aware of it at the time. Going forward all policies involving new equipment will be made available to staff at the time of the equipment arrival. Please see attached policy and treatment sheet that was implemented on the day of the survey. An updated care plan was **completed on 11/3/17**. Policy and treatment sheet **completed 11/1/17**.
- 2) The community was in receipt of complaints regarding the volume of towels and wash clothes. We did not agree with the families' suggestions on the amount of which would be provided during that time. We did order three dozen to ensure we could meet the new policy we created surrounding stocking and par of towels. Please see attached. **Completed 11/3/17**.
- 3) We acknowledge the order was not in place at the time of the survey. This was discussed with the charge nurse immediately after. Please see attached order, care plan and documentation showing the family member has been properly trained. **Completed 11/ 3/17**.

R128 SS=D

- 1) We acknowledge the order was not in place at the time of the survey. This was discussed with the charge nurse immediately after. Please see attached order and

documentation showing the family member has been properly trained. **Completed 11/3/17.**

R145 SS=D

- 1) Although we acknowledge the care plan and assessment was lacking appropriate follow through and documentation. Resident #1 was in the community for 2 weeks in August and under a different DNS at the time. Current DNS and nurses have been advised of the importance of appropriate and timely care plans, assessments and action. The Executive Director is auditing all charts weekly to ensure compliance and addressing any concerns in the weekly QA meeting. **Completed 11/1/17.**
- 2) We acknowledge the order was not in place at the time of the survey. This was discussed with the charge nurse immediately after. Please see attached order, care plan and documentation showing the family member has been properly trained. **Completed 11/3/17.**
- 3) Although we had a written policy at the time of the survey we do acknowledge not all staff had been made fully aware of it at the time. Going forward all policies involving new equipment will be made available to staff at the time of the equipment arrival. Please see attached policy and treatment sheet that was implemented on the day of the survey. An updated care plan was **completed on 11/3/17**. Policy and treatment sheet **completed 11/1/17**. Updated care plan regarding agitation and anxiety was completed on 11/2/17. 3c of this deficiency was under a previous DNS. We have had no knowledge of any unresponsive episodes since this incident. The care plan was reviewed by the current DNS and updated per the current needs of the resident. If there are future episodes the DNS will care plan immediately and advise the staff.

R178 SS=E

- 1) In the month of October, we hired ten new care providers and in the month of November we have hired twelve. At the time of the survey it was an ongoing process and we were actively hiring and recruiting. Our process is to always actively hire and recruit. We conduct weekly group interviews, update our ads on a weekly basis and review the current numbers weekly and daily at our morning stand up meeting. These actions are an ongoing process. Families have made aware they can ask the concierge at the front desk to assist in getting a care provider if they are attending to other residents or to pull the call light.

R200 SS=D

- 1) We acknowledge the order was not in place at the time of the survey. This was discussed with the charge nurse immediately after. Please see attached order, care plan and documentation showing the family member has been properly trained. **Completed 11/3/17.**
- 2) Although we had a written policy at the time of the survey we do acknowledge not all staff had been made fully aware of it at the time. Going forward all policies involving restraints will be made available to staff at the time of the use is implemented. Bed rail assessments have been completed on 11//17. Physical therapist has been made aware they also need to notate any and all reasons for the use of a bed rail going forward. They have also been advised they need to do a bed rail assessment of their own and follow up with the physician for an appropriate order. **Completed 11/2/17.**

Respectfully submitted,

Angela Pelletier

Acting Executive Director/ Director of Operations

SPRING VILLAGE AT ESSEX

TOWELS

POLICY

Spring Village at Essex will provide 3 sets of towels per resident. Towels will be available in the resident's rooms along with the laundry rooms when needed.

PROCEDURES

1. Care Provider staff will be designated to ensure that all rooms are stocked with towels.
2. Night Shift Care Providers will restock rooms nightly as needed.
3. As towels are used – Care Provider staff will wash and restock each room.

Night Task List

- Wipe down all tables and chairs in Dining Room
- Mop Dining Room & Kitchenette
- Organize Activity Rooms- Table, Chairs, Cabinets-
Wipe everything down, look inside remove any trash
- Country Kitchens- Sweep/Mop floor, wipe down all
counters, open all drawers to ensure nothing is in
there that shouldn't be, windows
- LAUNDRY- ensure laundry is done, labeled, and put
away DO NOT leave soiled laundry in Resident's
Rooms
- Stock resident rooms with all supplies that are
needed: Towels, Wipes, Briefs, Gloves, Trash Bags
- Clean floor in laundry room
- Make sure all garbage is out of building, depends
bucket, dining rooms
- Check bathrooms on each side- floors, sinks, garbage
- SPA Rooms- check nightly- make sure nothing is left
out, sweep/mop floor, clean out tubs
- Wipe down tables in Town Square
- Mop floor in Town Square if needed
- Change the date above Calendar and change menu
poster



POLICY: MAINTENANCE OF NEBULIZER AND CPAP EQUIPMENT

PURPOSE: To teach Staff how to clean nebulizer and CPAP equipment

PROCEDURE:

Immediately after use:

1. Replace disposable white paper filters monthly or if they begin to look dirty.
2. Wipe Remove the air tubing from the nebulizer
3. Separate the nebulizer and the mouthpiece or mask. Take nebulizer apart.
4. Rinse all listed parts above with warm, running water.
5. Shake-off excess water and place the parts on a clean paper towel to air dry and place second paper towel over parts to cover.
6. All parts must be completely dry before being stored or used for another treatment.

Care of equipment every other day with regular use or emergency use or before storage:

1. Take apart the nebulizer as described above. Wash parts in mild dishwashing detergent.
2. Thoroughly rinse under warm, running water and shake -off excess water.
3. Soak all parts in white vinegar solution described below. The parts should soak for 30- 40 minutes and all parts must be fully covered.
4. Rinse under warm running water and shake-off excess water.
5. All parts must be completely dry before being used for another treatment.

White vinegar solution mixture and storage:

1. Mix one cup of white vinegar with three cups of water.
2. Vinegar may be stored in a covered container in the refrigerator and be used for one week.
3. The date when solution was mixed must be marked on the container.

Care of the compressor:

1. Keep the compressor clean and free of dust. With the compressor unplugged, wipe with damp cloth and dry excess water particles off as needed.
2. Change inlet filter and replace it according to manufacture instructions.

Nebulizer cup tubing change:

1. Nebulizer cup will be changed after 56 doses or per Manufacturing instructions.

2. Ex: If the resident is on 4 times a day dosage schedule of Aerosol treatment the cups will need to be changed every 2 weeks or as needed.
3. Ex: If resident is on 2 times a day dosage schedule of Aerosol treatment the cups will need to be changed monthly.

How to care for CPAP Mask and Tubing:

1. The mask cushion, nasal pillows and nasal prongs should be cleaned daily with warm water and non-antibacterial soap and pat dry with a clean towel.
2. Never use antibacterial soap or Alcohol on CPAP mask it can break down the silicone cushion.
3. Wash the tubing once a week by running warm/ soapy water through it and allowing it to drip dry.
4. Once a week soak the mask in vinegar solution and rinse thoroughly.
5. The headgear and chinstraps will be washed weekly or as needed in warm, soapy water. Place on a clean paper towel and allow to air dry before reuse. Do not place the chin strap in the washing machine.
6. Replacement of cushion and mask will occur according to manufacturer's recommendations.

How to care for the CPAP Humidifier:

1. The humidification chamber must be cleaned daily.
2. Remove chamber from humidifier and wash with warm, soapy water.
3. Rinse chamber and allow to air dry on a paper towel.
4. Fill the chamber with distilled or sterile water. Do not use tap water. Tap water can damage the machine.
5. Once a week the humidifier chamber will be soaked in vinegar/ distilled water solution. It should soak for 15 to 20 minutes before rinsing with distilled water.
6. Humidifier chambers will be replaced every 6 months or as needed.

How to care for CPAP filters:

1. The grey non-disposable filter should be cleaned weekly, or as needed.
2. Rinse filters with water and place clean paper towel and allow to air dry.
3. The grey re-usable filter should be replaced every 6 months or when it begins to look worn.
4. CPAP machine weekly or as needed with damp cloth to ensure dust does not build up.

QA Checklist

Date _____

- ☐ Does resident require a variance?
- ☐ Has policy and procedure been revised at the bottom of the page?
- ☐ Resident charts and variances audited weekly by ED
 - If not filled out properly – staff member given written warning and additional training/in-service.
- ☐ Employee file audit – all new staff
- ☐ Resident weekly chart review 14 days from admission for assessments according to chart spreadsheet
- ☐ Audit infection control book weekly
- ☐ DON – weekly audit on admin, documentation, error reports, etc...
- ☐ DON – weekly audit to assure care plans and psychoactive medication documentation complete
- ☐ MCD – Temperature log audit
- ☐ DR process
- ☐ Incident reports
- ☐ Fire Drill log book
- ☐ Behaviors 1:1 Protocol
- ☐ Behaviors addressed immediately – report to nursing ASAP
- ☐ Foods cut up
- ☐ New move in assessed by DON or designated RN
- ☐ Appropriate staff levels
- ☐ Intervention observation for behaviors
- ☐ CPAP cleaning

Signature _____

Follow up:
